Boards in Common Paper N

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together					
Date of the meeting:	11 June 2026					
Title:	6.3 (paper N) Resident Doctors Contract Guardian of Safe Working Report					
Report presented by:	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Asmita Patwardhan, Guardian of Safe Working and Consultant in O & G					
Report written by:	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Asmita Patwardhan, Guardian of Safe Working and Consultant in O & G Vidya Patel, Medical Human Resources Manager					
Action – this paper is for:	Decision/Approval		Assurance		Update	x
Which Group Priorities does this link to	Transform patient care		Strengthen our culture	x	Deliver our financial plan	
Where this report has been discussed previously						

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Not applicable

Impact assessment
No applicable

Purpose of the Report

This report has been presented for discussion at the People and Culture Committee (PCC) and at the Trust Leadership Team and for noting at Trust Board. It will be shared with the LNC, Trust Resident Doctors Forum and Doctors in Training Committee.

Recommendation

Meeting members are requested:

- To note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.
- The group is asked acknowledge the impending changes to the Exception Reporting process.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS
11 JUNE 2026

Summary

This report provides an overview of exception reporting activity at UHL for the period 3 December 2025 to 31 March 2026. A total of 471 exception reports were submitted, the majority relating to hours and working patterns, with a smaller proportion relating to educational concerns.

Exception reporting remains a key mechanism to support safe working hours, patient safety and the protection of educational opportunities. During the reporting period, implementation of the national exception reporting reforms has been completed, including introduction of a revised SOP, updated processes, and supporting training and communication.

The new national exception reporting reforms focus on removing barriers to reporting, strengthening governance, and ensuring timely and fair outcomes for resident doctors. UHL has aligned its processes to these requirements, including adoption of the national Board reporting template and strengthened oversight arrangements through the Guardian of Safe Working Hours.

Reporting during this period shows no reported detriment, no data confidentiality breaches, and no escalations requiring system-level intervention. Whilst a small number of exception reports were raised as Immediate Safety Concerns, these were reviewed and none were assessed as posing immediate risk, with follow-up action taken where appropriate.

As part of embedding the new process, the Trust has identified a number of required enhancements to the exception reporting system. Some improvements have already been implemented, with further changes outstanding. The Trust is working with regional colleagues to consolidate requirements for escalation to the system supplier and NHS Employers.

Main report detail

1. Introduction

Exception reporting remains a key mechanism for maintaining safe working hours, protecting patient safety and safeguarding educational opportunities, and it is also the route by which resident doctors can ensure that all work undertaken is appropriately recognised and compensated.

As highlighted in the previous report, this report covers a four-month period aligned with the resident doctors' rotation schedule. This approach allows for a full assessment of each cohort during their placement, ensuring more coherent data and improving the quality of analysis. The reporting periods are as follows:

Reporting Period	Presented to PCC and TLT	Presented to Trust Board
August to December	January	February
December to April	May	June
April to August	September	October

Trends from previous years will be reset starting from May 2026. Therefore, historical data will not be included in this report, as this change prevents direct comparison with previous reporting periods and ensures that future analyses reflect the new cohort-based approach.

This report is reviewed and discussed at the Trust Leadership Team and People and Culture Committee meetings. It is also presented to the Trust Board, Local Negotiating Committee, Medical Oversight Group, and the Trust Resident Doctors Forum for review and oversight.

2. Exception Reporting Reforms

National reforms to exception reporting were introduced through updates to the Terms and Conditions of Service (version 13), with the overriding principle of removing barriers to reporting and trusting doctors to act professionally. Contractual changes took effect from **4 February 2026.**

Implementation of the national exception reporting reforms was delivered at pace following the late release of national guidance on 18th December 2025. UHL has now completed stakeholder engagement, finalised and implemented the Trust SOP in **February 2026,** and delivered supporting training/communications. Please refer to the Trust SOP in appendix 1. On-going monitoring continues to ensure the process is working as intended, and we have raised a number of required software and reporting improvements with the system supplier and NHS Employers to better support exception management and reporting in a large organisation.

The purpose of the reformed process is to:

- Ensure resident doctors are appropriately compensated for additional hours worked above their agreed work schedule
- Promote safe working practices and patient safety
- Provide a clear, consistent, and transparent exception reporting process
- Remove barriers to reporting
- Ensure timely processing of exceptions

- Enable effective organisational oversight

The reforms introduce several practical changes to processes, the key highlights are:

- Exception reports no longer signed off by clinical or educational supervisors
- Reports now routed to RDA/ Medical Workforce teams for approval
- Educational exception reports routed to Director of Medical Education
- Guardian of Safe Working Hours retains full oversight of all exception reports
- Introduction of a standard national Board reporting template
- Increased focus on identifying patterns, safety risks and rota issues
- Doctors have the right to choose pay or TOIL for additional hours worked
- TOIL must be provided where safe working or rest breaches occur
- Doctors' clinical judgement to remain at work is not routinely challenged
- Focus is on whether hours were worked, rather than justification
- 7-day requirement to provide access to exception reporting systems on starting
- 28-day window for doctors to submit exception reports
- Trusts required to process reports within defined timeframes
- Financial penalties introduced for non-compliance, including:
    - Failure to provide timely system access
    - Delays in processing reports
    - Breaches of confidentiality
    - Restricting access to reporting systems
- Strengthened confidentiality requirements and protections
- Penalties where doctors experience detriment or inappropriate information sharing
- Overall aim to improve doctor wellbeing, ensure fair pay, strengthen patient safety and provide clearer Board oversight

As we continue to embed the use of the software, the Trust has identified a number of required enhancements to the system. Some changes have already been implemented, while others remain outstanding. The Trust is working collaboratively with regional Medical People Services colleagues to consolidate all outstanding and additional requirements, which will be escalated to the system supplier and NHS Employers for consideration.

3. Guardian of Safe Working at UHL

3.1 High Level Data

Established Number of Doctors in Training	1250+
Establishment LED Doctors working on JD Contract TCS	450+
Guardian role at UHL	2 x 1.5 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25 per trainee, up to a maximum of 1 PA

4. Reporting Requirements

As part of the exception reporting reforms, the Trust is required to report against a nationally agreed set of measures.

4.1 Number of exception reports submitted

From 3rd December 2025 to 31st March 2026, a total of 471 Exception Reports have been recorded, 428 of which related to Hours and Working Pattern, and 43 of which related to Education.

As part of the exception reporting reforms, Trusts are required to adopt a nationally agreed template for Board reporting. The information presented in this section has been structured in line with these requirements.

4.2 Categories of exception reports submitted

Type of Excception Report	Outcome							
	Payment	TOIL	Penalty / Fine	For Information	Pending Review	No Further Action	Withdrawn	Total
Additional hours – unscheduled early start	0	1	0	0	1	0	0	**2**
Additional hours – unscheduled late finish	84	230	0	7	61	9	9	**400**
Breaches of non-resident on-call patterns	1	2	0	0	2	0	0	**5**
Inability to take contractual breaks	0	16	0	0	0	4	0	**20**
Inadequacy of clinical support	0	0	0	0	0	1	0	**1**
Inadequacy of rostered skills mix	0	0	0	0	0	0	0	**0**
Suspected non-compliant rota pattern	0	0	0	0	0	0	0	**0**
Detriment or threat of detriment	0	0	0	0	0	0	0	**0**
Information breach	0	0	0	0	0	0	0	**0**
Access & completion – resolved in time	0	0	0	0	0	0	0	**0**
Access & completion – breach	0	0	0	0	0	0	0	**0**
Access & completion – test	0	0	0	0	0	0	0	**0**
Other	0	8	0	0	0	35	0	**43**
TOTAL:	**85**	**257**	**0**	**7**	**64**	**49**	**9**	**471**

4.3 Experiences of actual or threatened detriment

One of the guiding principles of the exception reporting reforms is to prevent doctors experiencing, either threatened or actual, detriment as a result of exception reporting or indicating intent to exception report. Detriment in an employment context is when an employer, or colleagues, treats an individual unfairly or subjects them to a disadvantage for the sole or main reason that they asserted an employment right.

During this reporting period there have been no detriments reported.

4.4 Withdrawals

A doctor can choose to withdraw an exception report that they have submitted at any point in the process following submission. All exception reporting data, including those which have been withdrawn, will be retained for the GoSWH to allow them to perform their role in checking for potential safety implications.

During this period 9 exception reports have been withdrawn.

4.5 Access to individual doctors' exception reporting data

Personally identifiable data related to exception reporting must not be shared without the doctors' specific consent, except where a senior manager or member of the board of directors is presented with an overriding public interest or has a legal obligation.

The affected doctor should be notified of this action as soon as practically possible, and the number of such disclosures must be presented in a manner that preserves a doctors' anonymity

There have been no exception reports access disclosures during this period.

4.6 Work schedule reviews related to exception reporting pattern/instances

The purpose of work schedule reviews is to ensure that a work schedule for doctor remains fit for purpose. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer.

There have been no work schedule reviews in line with the above criteria; however 9 rota template changes have been agreed for implementation in August to accommodate the annual leave reform changes and additional posts. With a further 3 rota templates changes currently in discussion. In addition there are 5 local agreements currently due for review.

4.7 Rota gaps on all shifts

NHS Employers have advised that further guidance on the requirements will be published and therefore this will be included in future reports.

4.8 Additional information on an ad hoc basis

The GoSWH is required to report any escalated issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level.

The GoSWH is required to report issues, with certain posts, that cannot be remedied locally and require a system-wide solution. The board is required to raise the system-wide issue with partner organisations (for example, NHS England) to find a solution

At this stage there is no requirement to escalate any issues.

5. Recipients of Board Reports

The national reforms template sets out that all quarterly reports must be publicly accessible online within one month after the report has been created, and outline to following recipients:.

Information to be shared	Recipient(s) of board reports	Frequency
Quarterly reports (however Trust agreement to report every 4 months)	The Joint Local Negotiating Committee (JLNC) the Local Negotiating Committee (LNC) chair at least one nominated LNC resident doctor, and relevant RDF representatives upon completion. DHSC/NHS England NHS England (Local office), Care Quality Commission, General Medical Council and General Dental Council. In addition, all quarterly reports must be publicly accessible online within one month after the report has been created.	Each reporting period
Issues identified as a result of exception reporting that cannot be remedied locally and require a system-wide solution	LNC The board will raise the system-wide issue with partner organisations (eg NHS England) to find a solution	Ad hoc
Annual reports	DHSC/NHS England Local offices of NHS England, the Care Quality Commission, the General Medical Council and the General Dental Council.	Annual

6. Immediate Safety concern

Whilst not a requirement of the national exception reporting reforms, we have included this section to provide assurance regarding exception reports raised as Immediate Safety Concerns.

All of the immediate safety concerns have been reviewed by a Guardian and none were assessed as immediate safety concerns.

A total of 9 exception reports were raised as Immediate Safety Concerns. Whilst none posed an immediate risk, for two of the reports we have requested further information from the doctors and sought permission to share details with the relevant service to enable any further action.

7. Conclusion

Exception reporting at UHL continues to function as an effective mechanism for monitoring safe working, identifying rota and service pressures, and ensuring resident doctors are appropriately supported and compensated.

The Trust has successfully implemented the national exception reporting reforms within a compressed timeframe and has established revised processes aligned to contractual requirements. This provides a stronger, more transparent framework for managing exception reports and enhances organisational oversight.

Whilst early implementation has required operational and system changes, including on-going refinement of the software, there are no current concerns regarding safety, detriment or governance. Continued collaboration with regional partners, the system supplier, and NHS Employers will be important to ensure the system fully supports the requirements of a large Trust and enables efficient processing and reporting.

8. Recommendations

Members are asked to:

- Note the contents of this report and the level of exception reporting activity
- Acknowledge the successful implementation of the national exception reporting reforms and associated changes to processes and governance
- Recognise that UHL has aligned to national requirements, including adoption of the standard Board reporting template
- Support on-going monitoring of exception reporting activity, including themes, trends and actions arising
- Endorse continued work with regional colleagues, system suppliers and NHS Employers to address outstanding system and reporting requirements
- Encourage continued promotion of exception reporting to ensure accurate reporting of working patterns and early identification of risks.
- Request future updates to include trend analysis under the new cohort-based reporting approach and the impact of reforms over time.

University Hospitals Of Leicester NHS Trust

Exception Reporting for Resident Doctors - Standard Operating Procedure (SOP)

1. Introduction

1.1 This Standard Operating Procedure (SOP) sets out the Trust's arrangements for exception reporting for Resident Doctors (RDs) in accordance with the NHS Terms and Conditions of Service (2016, as amended by version 13), the Framework Agreement, and NHS Employers guidance issued in December 2025. It has been produced in consultation and agreement with the Guardians of Safe Working, the Deputy Director of Clinical Education, the BMA and Medical People Services Manager.

1.2 The purpose of the reformed process is to:

- Ensure resident doctors are appropriately compensated for additional hours worked above their agreed work schedule
- Promote safe working practices and patient safety
- Provide a clear, consistent, and transparent exception reporting process
- Remove barriers to reporting
- Ensure timely processing of exceptions
- Enable effective organisational oversight

1.3 The implementation date will be 4th February 2026

2. Scope

2.1 This SOP applies to:

- All resident doctors and dentists in training employed by UHL on the 2016 Terms and Conditions of Service (England). This includes Doctors in training and Clinical Fellows.
- Relevant UHL staff involved in exception reporting, including:
  - Guardian of Safe Working Hours (GoSWH)
  - Deputy/Director of Clinical Education (DCE)
  - Medical People Services (MPS)
  - Resident Doctor Administrators (RDA) & RDA Line Manager
  - Department of Clinical Education
  - Payroll
  - Finance

2.2 This SOP covers non-educational and educational exception reports, including those relating to additional hours worked, missed breaks, rest breaches and educational concerns.

3. Definitions

- **Exception Report (ER):** A report submitted by a resident doctor when actual work undertaken differs from the agreed work schedule.
- **Additional Hours Exception:** An ER relating to hours worked beyond those rostered.
- **Educational Exception:** An exception relating to missed training opportunities or educational supervision.
- **TOIL:** Time Off In Lieu.

- **RDA:** (Resident Doctor Administrator): Designated administrative staff responsible for processing exception reports on behalf of the Trust.
- **MPS:** Medical People Services; responsible for oversight, reporting and training
- GoSWH**:** Guardian of Safe Working Hours, responsible for oversight and monitoring of safe working compliance.
- **DCE:** Deputy/Director of Clinical Education, responsible for educational exception oversight.

4. Roles and Responsibilities

4.1 Resident Doctors

- Complete a test exception report on onboarding
- Submit ERs within 28 calendar days of the event
- Complete mandatory fields and self-declare accuracy
- Provide evidence of time, date and location or appropriate corroboration. Please adhere to the GMC good medical practice (https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice)
- Choose payment or TOIL, except where TOIL is mandated

4.2 Resident Doctor Administrators (RDA)

- Act as the primary administrative lead for all exception reports, escalating for immediate further support to RDA Line manager and/or MPS
- Verify reported hours worked for non-educational exceptions
- Process exception reports in line with agreed timeframes
- Obtain doctor consent before sharing identifiable
- Maintain accurate records and ensure data confidentiality
- Escalate recurring or high-risk themes to the MPS and GoSWH

4.3 Medical People Services

- Advise Resident Doctors Administrators (RDA) on queries relating to exception reports.
- Deliver training sessions for RDAs to ensure process understanding and compliance.
- Oversee the exception reporting process for the Trust
- Coordinate and process payments to payroll when required.
- Provide independent oversight of exception reporting trends and patterns.
- Monitor adherence to safe working hour limits.
- Escalate concerns to Services, and where appropriate to Trust Leadership Teams and the Board as necessary.
- Review, log and escalate exception reports related to fines, penalties, and breaches by the employer.
- Obtain doctor consent before sharing identifiable data where required

4.4 Deputy / Director of Clinical Education (DCE)

- Review all educational exception reports
- Agree remediation and reinstatement of educational opportunities where possible.
- Obtain doctor consent before sharing identifiable data
- Report educational themes to Trust Board annually

4.5 Guardian of Safe Working (GoSWH)

- Provide independent oversight of exception reporting trends
- Monitor compliance with safe working limits
- Escalate concerns to Trust committees and the Board as required
- Agree to apply fines, penalties, and employer breaches
- Obtain doctor consent before sharing identifiable
- Report exception reports to Trust Board every 4 months.

4.6 Payroll

- Process payments for approved additional hours worked and penalty payment in the next pay cycle.
- Ensure correct pay rates are applied

5. Exception Reporting Process

5.1 Access and Onboarding

- Exception reporting process and Trust arrangements to be provided via Trust Induction and GoSWH Email
- Access to ER systems must be provided within 7 calendar days of start or rotation
- Doctors will receive an automated email from **noreply@allocatehealthsuite.com** confirming access to the package, which will include their username and password. Resident doctors should check their inbox as well as their junk/spam folders for this email.
- Resident Doctors must submit a test ER, validated by the GoSWH/MPS
- Failure to provide access may result in access and completion fines

5.2 Submission

- Resident doctors must submit an exception report via Allocate (www.healthmedics.allocatehealthsuite.com/Core/) package within 28 calendar days of the occurrence
- Doctors can raise an exception report when their day-to-day work varies significantly and/or regularly from the agreed work schedule. These include:
    - differences in the total hours of work
    - differences in the pattern of hours worked
    - no opportunity to take breaks
    - Rest Breaches
    - Missed educational opportunities
    - Lack of support available to the doctor during service commitments.

5.3 Processing of Non-Educational Exceptions

- The RDA will review the exception report upon submission and Reports and provide a response within 10 days of submission.
- **Exceptions of up to 2 additional hours:**
    1. RDA to review the hours worked against the live rota and/or any relevant ward gaps.
    2. If agreed that the doctor was required to work the additional hours, approve payment or TOIL (unless TOIL is mandated due to breach of contract) or

3. Alternatively, request further information from the doctor.
4. Where Clinical/Educational Supervisor or consultant input is required, written approval must be obtained from the Resident Doctor by the RDA before sharing any exception details with the ES/CS or consultant. Approval from Resident Doctor must be obtained via the exception reporting package.
5. Any disputes should be escalated to MPS/GoSWH.

- **Exceptions exceeding 2 additional hours:**
    1. Review the evidence provided by the doctor against the hours worked and/or ward gaps. Then follow the step 2-5 above.
- **Outcome options to be agreed with the doctor include:**
    - TOIL: (which must be arranged within 10 days, but not necessarily taken within this period).
    - Payment: Processed via Payroll in the next available pay cycle at the appropriate rate
    - Mandated TOIL: Must be taken within 24 hours where required for rest breaches
    - Missed breaks: - No payment or TOIL to be issued by RDAs, however will be reviewed by GoSWH,

5.4 Educational Exception Reports

- Routed directly to the Deputy / DCE
- Exception reports for missed educational opportunities should where possible, be reinstated by mutual agreement
- Payment is not permitted for missed education unless additional hours are worked

5.5 Processing Timelines

- RDAs must ensure resident doctors have access to the Allocate exception reporting system within 7 calendar days of commencement or rotation
- Submission: Exception reports must be submitted within 28 days of the event.
- Reports must be processed and closed within 10 days of submission by the RDA.
- If awarded, TOIL must be arranged within 10 days (but not necessarily taken within this period).
- Payments to be made in the next available pay cycle following approval

6. Access, Confidentiality and Data Handling

- Exception reporting data is confidential
- Identifiable data may only be accessed by:
    - RDA/RDA Line Manager/MPS (non-educational reports)
    - GoSWH/MPS (all reports)
    - DCE/Clinical Education Team (educational reports only)
- Supervisors or Consultants **must not** access identifiable ER data without explicit consent from the RD (via the RDA)
- Consent must be written or electronic and must be recorded on the Exception reporting package.
- Information breaches may result in contractual fines
- A list of staff roles with access rights will be shared with Resident doctors at onboarding.

7. Detriment and Escalation

- Resident Doctors must not experience detriment for exception reporting.
- Concerns may be raised via: - Exception report (detriment category)
- Detriment themes will be reviewed and reported in GoSWH 4-monthly reports.

8. Escalation and Fines

- Failure to provide timely system access or breaches of information governance may result in contractual fines
- The GoSWH will review and record any fines or employer breaches
- Serious or repeated failures will be escalated to senior management and Trust governance committees

9. Monitoring, Audit, and Reporting

- Exception reporting data will be reviewed regularly by the MPS and GoSWH
- Themes and trends will be reported to relevant committees
- MPS will undertake periodic audits to ensure compliance with this SOP

10. Training and Communication

- All resident doctors will receive information on exception reporting during induction and via email
- RDAs, rota coordinators, and managers will receive role-specific training
- Updates to this SOP will be communicated Trust-wide

11. Review and Version Control

This SOP will be reviewed monthly during the implementation phase, thereafter annually or earlier if changes are required.